

Standard Form 1034 Revised October 1967 Department of the Treasury 1 TFM 4-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL			VOUCHER NO.			
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION USAG SAMPLE ATTN: OMDC UNIT 12345 APO AE 09123-2345			DATE VOUCHER PREPARED 18 JUNE 2007		SCHEDULE NO.			
			CONTRACT NUMBER AND DATE		PAID BY			
			REQUISITION NUMBER AND DATE					
PAYEE'S NAME AND ADDRESS		<div style="border: 1px solid black; padding: 5px;"> US POSTAL SERVICES (PITNEY BOWES POSTAGE) 2825 LONE OAK PKWY, SAINT PAUL, MN 55121-9610 CAGE IZC88 DUNS 627875818 TAX ID 410760000 ROUTING #: 021000089 CREDIT TO ACC #: 40678633 ACC NAME: US ARMY IMCOM OFFICIAL MAIL MANAGER </div>				DATE INVOICE RECEIVED 18 JUNE 2007		
						DISCOUNT TERMS NET 30 DAYS		
						PAYEE'S ACCOUNT NUMBER		
						GOVERNMENT B/L NUMBER		
SHIPPED FROM			TO			WEIGHT		
NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE		ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>		QUAN- TITY		
						UNIT PRICE COST PER		
						AMOUNT (1)		
METER HEAD (7-DIGIT #) 3RD QTR FY07 18-Jun-07 METER HEAD (7-DIGIT #) 3RD QTR FY07 18-Jun-07		MDSE REC'D & ACCEPT- ED 18 Jun 07		PURCHASE OF POSTAGE FOR OFFICIAL MAIL METER LOCATED AT USAG SAMPLE OMDC APO AE 09123-2345 METER HEAD: (7-DIGIT METER HEAD #) METER HEAD: (7-DIGIT METER HEAD #)		\$XX,XXX.00 (\$ AMOUNT)		
(Use continuation sheet(s) if necessary)				TOTAL		\$XX,XXX.00		
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR =\$		EXCHANGE RATE =\$1.00		DIFFERENCES		
		BY ²						
		NAME OF GARRISON OFFICIAL MAIL MANAGER		Amount verified; correct for payment		\$XX,XXX.00		
		TITLE GOMM, USAG SAMPLE		(Signature or initials)				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.								
_____ (Date)				_____ (Authorized Certifying Officer)				
				(NAME)BUDGET ANALYST/POSTAL OFCR _____ (Title)				
ACCOUNTING CLASSIFICATION								
TO BE FILLED IN BY THE FUNDS CERTIFYING OFFICER								
P A I D B Y	CHECK NUMBER		ON TREASURER OF THE UNITED STATES		CHECK NUMBER		ON (Name of bank)	
	CASH		DATE		PAYEE ³			
¹ When stated in foreign currency, insert name of currency. ² If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. ³ When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.						FOR TITLE		

Previous edition usable

NSN 7540-00-900-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.